

Case Number:	CM15-0114014		
Date Assigned:	06/22/2015	Date of Injury:	07/22/2014
Decision Date:	08/19/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old male who reported an industrial injury on 7/22/2014. His diagnoses, and/or impressions, are noted to include degeneration of the cervical disc; right cervical radiculopathy with right foraminal stenosis secondary to osteophyte; and right shoulder injury, status-post surgery (1/15/13). Recent magnetic imaging studies of the cervical spine are noted on 3/9/2015 & 4/21/2015, show multiple abnormal findings; and recent electro diagnostic studies were done on 3/19/2015, which also noted multiple abnormal findings. His treatments have included acupuncture treatments; epidural steroid injection therapy (10/2014) - ineffective; medication management and modified work duties. The progress notes of 3/25/2015 reported a follow-up visit with continued neck and right arm pain, and having completed his new consultation with diagnostic studies. Objective findings were noted to include restricted cervical range-of-motion and forward flexion; positive Spurling's maneuver on the right; restricted tilting on the left; and decreased right biceps and triceps strength with absent right bicep reflex and decreased left biceps reflex. The physician's requests for treatments were noted to include the rental Thermacure with the purchase of a Thermacure pad, the rental of a Homefit DVT, and set-up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Thermacure x 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back Official Disability Guidelines, Shoulder procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states, "Postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use." There is no evidence in the guidelines for use after the initial 7 days. ODG states, "not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. See the Shoulder Chapter for more information." Guidelines do not recommend the use of continuous flow cryotherapy for the neck. Treating physician does not document reasons to deviate from the guidelines or detail other extenuating circumstances. As such, the request for Thermacure-Contrast compression therapy (thirty-day extension) is not medically necessary.

Thermacure pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back Official Disability Guidelines, Shoulder procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states, "postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use." There is no evidence in the guidelines for use after the initial 7 days. ODG states, "Not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. See the Shoulder Chapter for more information." Guidelines do not recommend the use of continuous flow cryotherapy for the neck. Treating physician does not document reasons to deviate from the guidelines or detail other extenuating circumstances. As such, the request for Thermacure pad is not medically necessary.

Homefit DVT x 1 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis and Other Medical Treatment Guidelines UpToDate.com, Prevention of venous thromboembolic disease in medical patients.

Decision rationale: MTUS is silent concerning DVT prophylaxis. ODG states "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." Up-to-date also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)." Medical records do not indicate what high risk factors are present and do not indicate why anticoagulation therapy cannot be utilized. As such, the request for Home fit DVT x 1-month rental is not medically necessary.

DME set up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis and Other Medical Treatment Guidelines UpToDate.com, Prevention of venous thromboembolic disease in medical patients.

Decision rationale: MTUS is silent concerning DVT prophylaxis. ODG states "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." Up-to-date also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)." Medical records do not support the requested DME. As such, the request for DME set up is not medically necessary.